

# Cancer Profiles

Moore County  
April 2003

*A fact sheet produced by the North Carolina Central Cancer Registry (CCR)*

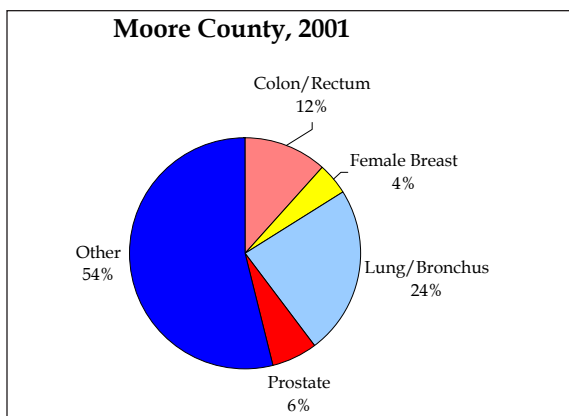
## CANCER TAKES TOO MANY LIVES IN N.C. AND IN MOORE COUNTY

Cancer is the second leading cause of death in North Carolina and in the U.S. In 2001, 16,047 persons in North Carolina died from cancer, 204 in Moore County. It is estimated that nearly four in ten North Carolinians will develop cancer during their lives.

| 2001 Deaths               | Moore County | North Carolina |
|---------------------------|--------------|----------------|
| % of Deaths Due to Cancer | 24.0%        | 22.7%          |

Cancer is a group of more than 100 different diseases, but all are characterized by uncontrolled growth and spread of abnormal cells. Cancer risk increases with age, and varies by gender and race. As the average age of the population increases, the incidence of cancer will increase as well. Cancer is expected to surpass heart disease and become the leading cause of death in North Carolina and the nation by the year 2015. The majority of cancer deaths occur at four sites: lung, colon, female breast, and prostate (Figure 1).

Figure 1. Cancer Deaths by Site



It is generally accepted that 65-80 percent of all cancers are related to personal lifestyle or environmental factors, such as smoking and diet, and are therefore preventable. Other factors such as age, gender, and family history of a specific cancer are also associated with the development of cancer and aid in the identification of people at high risk.

For several cancers, effective treatment is available. For these cancers, early detection saves lives. For example, almost 97 percent of women who are diagnosed with breast cancer in the earliest stage survive the disease, whereas only 21

percent survive if the disease is diagnosed in the most advanced stage. The opportunity for disease control and for reducing the number of cancer deaths rests with prevention and early detection so that treatment of the disease can be effective.

In 2000, 492 cancer cases were reported for Moore County residents. These numbers are expected to increase as the population ages.

| 2003 Projected Cases Cancer Cases | Moore County | North Carolina |
|-----------------------------------|--------------|----------------|
| Lung/Bronchus                     | 80           | 5,490          |
| Colon/Rectum                      | 70           | 4,540          |
| Female Breast                     | 80           | 6,345          |
| Prostate                          | 95           | 6,080          |
| All Cancers                       | 560          | 40,150         |

Early detection is often stressed; however for some cancers, prevention is more beneficial than early detection. For example, lung cancer is a disease that takes many years to develop and often metastasizes, or spreads, to other parts of the body before it is detected. Early detection and treatment options are extremely limited, and most patients with lung cancer die within a few months of diagnosis. In fact, lung cancer is currently the leading cause of cancer death among both men and women. This need not be the case, as lung cancer is also one of the most preventable cancers. Although many believe air pollution is the major cause of lung cancer, smoking is by far the leading risk factor for developing lung cancer. It is estimated that 8 out of 10 lung cancers result from smoking. Cigar and pipe smoking are almost as likely to cause lung cancer as cigarette smoking. Non-smokers who breathe in second-hand smoke are also at increased risk. The risk of lung cancer does seem to increase with age, and women who smoke seem at greater risk for developing cancer than men who smoke.

Stopping smoking at any age lowers the subsequent risk of developing lung cancer. The Behavioral Risk Factor Surveillance System, an annual survey of adult North Carolinians, examines risk factors such as these. For the 6,181 persons who indicated their age and smoking behaviors in the 2001 survey, the highest percentages of smokers were between 18 and 54 years of age (see table below). According to this survey, adults 55 and older have the highest cessation rate, indicating that as North Carolinians age, the number of smokers does appear to decrease. A reduction in smoking will decrease the number of lung cancers that are diagnosed over time.

## RISK FACTORS AND INTERVENTIONS

**Aging:** Because the population of North Carolina is aging, the number of cancer deaths that occur each year will increase unless the trend is reversed by significant improvements in prevention, early detection, and treatment.

**Smoking:** Smoking and the use of smokeless tobacco are responsible for the majority of all cancers of the lung, trachea, bronchus, larynx, pharynx, oral cavity, and esophagus. Smoking is the leading cause of preventable death in the United States.

**Diet:** The U.S. Department of Agriculture recommends the following dietary guidelines for managing a healthy diet: eat a variety of foods; maintain a healthy weight; choose a diet low in total fat with plenty of fruits, vegetables, and grain products; limit the use of sugar and salt, and minimize alcoholic beverage consumption.

**Screening:** Early detection is extremely important for those cancers that can be cured and which can be discovered early. Breast cancer is a good example of this. Stage-at-diagnosis is the most important factor in determining chance of survival from breast cancer. In 2003, a projected 6,345 women in North Carolina will be diagnosed with breast cancer, 80 in Moore County. Many of these women will survive because they were diagnosed early, but some will face premature death because they were diagnosed too late for effective treatment.

Women 40 years and older should have an annual mammogram and clinical breast examination (CBE) by a health care professional. Women 20-39 years of age should have a CBE by a health care professional every three years. For women in both age groups, monthly breast self-examinations are recommended.

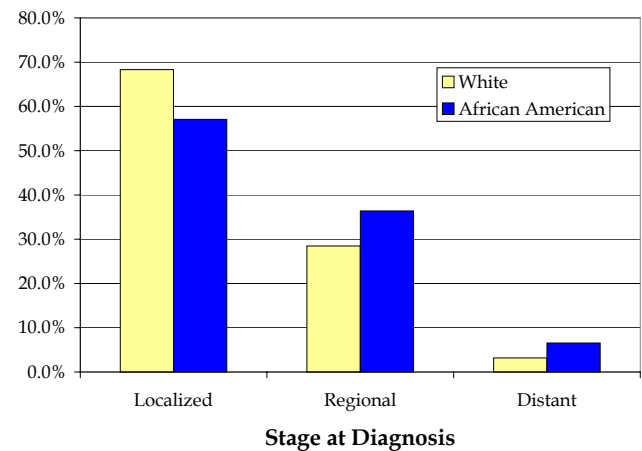
### Percent of Respondents in N.C. in Each Age Group Who Currently Smoke or Have Smoked in the Past

| Age Group | Total Respondents | Current Smoker | Former Smoker |
|-----------|-------------------|----------------|---------------|
| 18-24     | 546               | 30.8%          | 10.2%         |
| 25-34     | 1,156             | 27.9%          | 12.5%         |
| 35-44     | 1,285             | 31.2%          | 17.0%         |
| 45-54     | 1,129             | 29.6%          | 26.7%         |
| 55-64     | 822               | 21.0%          | 37.7%         |
| 65+       | 1,181             | 13.0%          | 40.9%         |
| All Ages  | 6,181             | 25.7%          | 23.8%         |

Data Source: Behavioral Risk Factor Surveillance System, NC 2001

### Figure 2: Stage of Disease at Diagnosis for Female Breast Cancer in Central North Carolina Diagnosed in 2000

(Total Female Breast Incidence: White=1724 cases, African American=382 cases; in situ cases and cases with unknown stage not included in chart)



Breast cancer is the most common cancer among women besides skin cancer. White women are more likely to develop breast cancer, while African American women are more likely to die of the disease. This is due in part to the fact that African American women are more likely to get diagnosed at a later stage of the disease (Figure 2). As previously mentioned, screening tests such as mammograms and clinical breast exams are available which allow for finding the disease in the early stages when treatment is most effective.

## FOR MORE INFORMATION

**American Cancer Society** • 1-800-ACS-2345  
Web site: <http://www.cancer.org/>

**Cancer Information Service** • 1-800-4CANCER  
Sponsored by the National Cancer Institute

N.C. Division of Public Health  
State Center for Health Statistics  
**N.C. Central Cancer Registry (CCR)** • 919-715-4555  
1908 Mail Service Center • Raleigh, N.C. 27699-1908.  
Web site: <http://www.schs.state.nc.us/SCHS/>

**N.C. Advisory Committee for Cancer Coordination and Control (ACCCC)** • 919-715-3337  
P.O. Box 29605 • Raleigh, N.C. 27626-0605  
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